

.CLAIMS ONLY.

Application Number _____

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	8						
Total Depend	30						
Total Claims							